Goals for rehabilitation: what are the priorities of patients with Complex Regional Pain Syndrome?

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Aim of the investigation

• Guidelines internationally advocate functional rehabilitation in the care of Complex Regional Pain Syndrome (CRPS).1,2
• Rehabilitation services focus on trying to improve patients’ function and quality of life, and to enable self-management.
• This study sought to identify patients’ rehabilitation goals, specifically in relation to their participation in valued activities.
• Understanding patient’s goals is important for the development of multidisciplinary rehabilitation practices that patients perceive as relevant to them.

Methods

• In a previous study, participants (≥18 years) who met, or had met, Budapest diagnostic criteria for CRPS were recruited via databases and clinics in eight countries (UK, Netherlands, Germany, Denmark, Switzerland, Poland, Canada, USA).
• We conducted a secondary deductive analysis of qualitative data collected, using the domains of the International Classification of Functioning, Disability and Health’s (ICF) “Activities and Participation” component to code responses relating to rehabilitation goals.
• Results are presented in terms of descending frequency of representation in the data.

Results

Responses were received from 347 participants (80% female, 91% non-recovered, 53% disease duration ≥ 3 years).

Figure 1: ICF Activity and Participation domains represented in the data:

Figure 2: Frequency of themes within ICF domains

<table>
<thead>
<tr>
<th>Theme</th>
<th>(n) = frequency of comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility (173)</td>
<td>Handling objects (83), Walking &amp; moving (58), Changing or maintaining body position (17), Using transportation (15)</td>
</tr>
<tr>
<td>General tasks &amp; demands (87)</td>
<td>Carrying out daily routine (54), Handling stress &amp; other psychological demands (33)</td>
</tr>
<tr>
<td>Self care (85)</td>
<td>Dressing &amp; wearing clothes (36), Looking after one’s health (including sleep) (28), Caring for body parts (6), Eating (6), Washing oneself (6), Drinking (2), Toileting (1)</td>
</tr>
<tr>
<td>Community, social &amp; civic life (54)</td>
<td>Recreation &amp; leisure (54)</td>
</tr>
<tr>
<td>Domestic life (41)</td>
<td>Household tasks (34), Caring for others &amp; objects (4), Acquisition of necessities (e.g. grocery shopping) (3)</td>
</tr>
<tr>
<td>Major life areas (40)</td>
<td>Work &amp; employment (39), Education (1)</td>
</tr>
<tr>
<td>Interpersonal interactions &amp; relationships (15)</td>
<td>Particular interpersonal relationships (13), General interpersonal interactions (2)</td>
</tr>
<tr>
<td>Communication (10)</td>
<td>Producing communication (e.g. computer use) (10)</td>
</tr>
<tr>
<td>Learning &amp; applying knowledge (4)</td>
<td>Applying knowledge (e.g. decision making) (4)</td>
</tr>
</tbody>
</table>

• Mobility was the most frequently mentioned domain within the data.
• This was followed (in descending order) by: General tasks and demands; Self care; Community, social and civic life; Domestic life; Major life areas; Interpersonal interactions and relationships; and Communication.
• Learning & applying knowledge was the least frequently mentioned domain.

Conclusions

• Whilst it is recommended in CRPS rehabilitation that each individual should have their own tailor-made treatment programme, findings illustrate the activity and participation goals which are most common in this patient group.
• When developing multi-disciplinary treatment approaches, being mindful of the primary concerns of patients may enable health care professionals to optimize treatment outcomes by ensuring rehabilitation therapies are directly relevant to their activity and participation goals.

References


Acknowledgements:

The data collection for the previous study, from which the present data were taken, was funded by the Reflex Sympathetic Dystrophy Syndrome Association and the Dutch National CRPS Patient Association. The authors wish to particularly recognize the contribution of our friend and co-author, Professor Roberto Perez, who was integral to the conduct of the original study, but who sadly passed away prior to the analysis reported here.